STATEMENT OF

FORM 1		ORGANIZATIONS (See instructions)				Office use only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example over the l	If typying, type ines	12FE4M5	
New Millenn	ium PAC					
ADDRESS (number a	nd street)	one Gateway Center, S	Suite 520			
(Check if address is changed)	ess L	1111111				
		lewark 			ŊJ	07102
		C	CITY_		STATE▲	ZIP CODE ▲
COMMITTEE'S E-M	IAIL ADDRESS (P	ease provide only one e-ma	ail address)			
(Check if address is changed)	ess <u>t</u>	lerandi@newmillpac.	com			
		1111111		11111		
COMMITTEE'S WE (Check if address changed)		S (URL)				
2. DATE 0	M / D D 3 0	Y Y Y Y Y Y 2 0 1 0			_	
3. FEC IDENTIFIC	CATION NUMBER	С	C00349	233		
4. IS THIS STATE	EMENT	NEW (N) OR	X	AMENDED (A)		
I certify that I have exa		t and to the best of my knowle	edge and bel	ief it is true, correct a	nd complete	
Signature of Treasur	er Electronically	Filed by Abraham A	ntun		Date 0 3	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of		ncomplete information may s			•	
Office Use Only			Fed Toll	further information eral Election Commis Free 800-424-9530		FEC FORM 1 (Revised 02/2009)